

SICK CHILDREN POLICY

Children come into contact with many other children and adults in the early childhood environment increasing their exposure to others who may be sick or carrying an infectious illness. The National Quality Standard requires early childhood education and care services to implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, educators and families. We acknowledge the difficulty of keeping children at home or away from childcare when they are sick and the pressures this causes for parents, however our Service aims to minimise the transmission of infectious diseases by adhering to regulations and policies protecting the health of all children, staff, families and visitors.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
92	Medication record
93	Administration of medication
168	Education and care service must have policies and procedures
175(2)(c)	Prescribed information to be notified to Regulatory Authority- any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Dealing with Infectious Diseases Policy Enrolment Policy Family Communication Policy	Handwashing Policy Immunisation Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Pregnancy in Early Childhood Policy
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PURPOSE

We aim to maintain the health and wellbeing of all children, staff, and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our Service.

SCOPE

This policy applies to children, families, educators, staff, visitors, approved provider, nominated supervisor and management of the Service.

IMPLEMENTATION

Our Service has adopted the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) publication recommendations developed by the Australian Government National Health and Medical Research Council to guide our practices to help limit the spread of illness and disease. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Service and at home.

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the Australian Government- Department of Health and local public health units in our jurisdiction as per the Public Health Act.

This policy must be read in conjunction with our other Quality Area 2 policies:

- Dealing with Infectious Diseases Policy
- Immunisation Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions Policy and
- Handwashing Policy

Staying Healthy: Preventing infectious diseases in early childhood education and care services (2013) explains how infections are spread as '*The Chain of Infection*'.

There are three steps in the chain:

- The germ has a source
- The germ spreads from the source
- The germ infects another person

The chain of infection can be broken at any stage to help prevent and control the spread of diseases.

The germ has a source

Germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs or symptoms of illness.

The germ spreads from the source

Germs can spread in several ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as urine, saliva, discharges or blood).

Some germs can spread directly from person to person, others can spread from the infected person to the environment. Many germs can survive on hands and on objects such as toys, door handles and bench tops. The length of time a germ can survive on a surface (including the skin) depends on the germ itself, the type of surface it has contaminated and how often the surface is cleaned. Washing hands and surfaces regularly with detergent and water is a very effective way of removing germs and preventing them spreading through the environment.

(Source: *Staying healthy: Preventing infectious diseases in early childhood education and care services*, 5th Edition, 2013 p: 7)

The germ infects another person

When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person's immunity.

Illness can be prevented at this stage by stopping the germ from entering the body (for example, by making sure that all toys that children put in their mouths are clean, by washing children's hands, by

covering wounds), and by prior immunisation against the germ.

Source: *Staying healthy: Preventing infectious diseases in early childhood education and care services*, 5th Edition, 2013 p: 7)

MINIMIZING THE SPREAD OF INFECTIONS AND DISEASES IN EARLY EDUCATION AND CARE SERVICES

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can contribute to negative attitudes in the workplace which can cause stress on families. Families may also experience guilt when they send their child to care who is not well.

However, it is imperative that families maintain a focus not only on the well-being of their own child but also upon the well-being of other children and the early childhood professionals at the Service. To protect the health of children and staff within the Service, it is important that children and staff who are ill are kept away from the Service for the recommended period.

At times, an outbreak of a new or 'novel' virus or infection, may require exclusion from the Service that is not specified in general exclusion periods for common infectious illnesses. Information, education and recommendations regarding any 'novel' virus will be provided by the Australian Government Department of Health and/or local public health unit.

(See: **Excluding Children from the Service** section)

The need for exclusion and the length of time a person is excluded depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

Our educators and staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible or not bring the child to care.

Management and educators *may* request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care. **Please note: it is not always possible to obtain a doctor's certificate or clearance for suspected cases of an illness. The decision to approve a child's return is up to the Approved Provider/Nominated supervisor.**

To help minimise the spread of illness and infectious diseases our Service implements rigorous hygiene and infection control procedures and cleaning routines including:

- effective hand washing hygiene
- cough and sneeze etiquette
- appropriate use of protective gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources and bedding
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
- physical distancing (when recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)
- wearing of masks when mandated by Public Health Order (or Service decision)
- maximising ventilation to increase air flow in learning spaces.

CHILDREN ARRIVING AT THE SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- have a contagious illness or infectious disease
- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature and/or have been vomiting in the last 24 hours- as reported by a parent (best practice recommendation)
- have had diarrhoea in the last 48 hours
- have started a course of anti-biotics in the last 24 hours
- have been given medication for a temperature prior to arriving at the Service (for example: Panadol)

CHILDREN WHO BECOME ILL AT THE SERVICE

Children may become unwell throughout the day, in which case management and educators will respond to children's individual symptoms of illness and provide immediate comfort and care.

- Educators will closely monitor and document the child's symptoms on the *Incident, Injury, Trauma and Illness Record*
- Children who are unwell at the Service will be able to rest in a supervised area away from other children until parents or the emergency contact person is able to collect them
- Management will contact the parents/guardian if their child has passed runny stools/vomited whilst at the Service to be collected.

- Educators will take the child’s temperature. If the child’s temperature is above 38°C management will contact the child’s parents/guardian/emergency contacts as soon as possible to have the child collected (within 30 minutes)
- For infants under three months old with a temperature/fever over 38°C, parents will be immediately notified and requested to seek medical assistance. If the parent cannot take the child to a GP immediately, permission will be required for the Service to seek medical assistance urgently
- Educators will monitor the child closely and be alerted to vomiting, coughing or convulsions
- Educators will attempt to lower the child’s temperature by:
 - removing excessive clothing (shoes, socks, jumper, pants)
 - encouraging the child to take small sips of water
 - moving the child to a quiet area where they can rest whilst being supervised
- Educators will check that written parental permission to administer paracetamol or ibuprofen has been provided during enrolment and filed in the child’s individual record
- Educators will check the medical history of the child to ensure there are no allergies before administering Panadol or Nurofen
- Accurate records will be kept of the child’s temperature, time taken, medication administered, dosage, staff member’s full name and name of staff member who witnessed the administration of medication (if relevant)
- Educators will continue to document any progressing symptoms
- Educators will complete the *Incident, Injury, Trauma or Illness Record*, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact upon collection of their child
- Educators will thoroughly clean and disinfect any toys, resources or equipment that may be contaminated by a sick child.

COMMON COLDS AND FLU

The common cold or flu (viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in childcare, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have cold or flu symptoms, management will determine if the child is well enough to continue at the Service or if the child requires parental care. As cold and flu symptoms are very similar to COVID-19, children with these symptoms *may be* required to obtain a RAT test.

Our Service aims to support the family's need for childcare however, families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

Children who are generally healthy, will recover from a common cold in a few days. Keeping a child home and away from childcare, helps to prevent the spread of germs.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza our service encourages staff and children to be vaccinated once a year.

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT REG. 175 (2) (C)

Management is required to notify the local [Public Health Unit](#) (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases or outbreak of gastroenteritis.

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus

Notification is also required for:

An outbreak of 2 or more people with gastrointestinal or respiratory illness.

The Approved Provider must ensure notification is lodged through the [NQA-ITS](#) of an outbreak of COVID-19 when there are 5 cases or more within a 7-day period.

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak.

EXCLUDING CHILDREN FROM THE SERVICE

When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the **Public Health Unit** (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

[Recommended exclusion periods- Poster Staying Healthy: Preventing Infectious diseases in early childhood education and care services](#)

[Minimum periods for exclusion from childcare services \(Victoria\)](#)

- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from *Staying healthy: Preventing infectious diseases in early childhood education and care and Public Health Unit, or Department of Health*).
- If a vaccine preventable disease occurs in the Service, children who have not been fully immunised will be excluded from care
- Management will check all children's Immunisation records and alert parents as required
- A medical clearance from the child's General Practitioner stating that the child is cleared to return to the childcare setting will also be required before the child returns to care
- Children that have had diarrhoea and vomiting will be asked to stay away from the Service for **48 hours** after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances
- Children who have COVID-19 symptoms (fever, cough, sore throat, shortness of breath) may be requested to self-test using a rapid antigen test RAT.

NOTIFYING FAMILIES AND EMERGENCY CONTACT

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL ENSURE:

- effective hygiene policies and procedures are adhered to at all times to prevent the spread of illnesses
- they promote effective hand hygiene and cough etiquette
- effective environmental cleaning policies and procedures are adhered to all times
- all families are provided access to relevant policies upon enrolment which will be explained by management including: *Dealing with Infectious Diseases Policy, Sick Children Policy, Incident, Injury, Trauma and Illness Policy, Handwashing Policy and Medical Conditions Policy.*
- families are provided with relevant information from a trusted source about preventing the spread of illnesses
- that any child who registers a temperature above 38°C is collected from the Service. Children will not be permitted to return to the Service if they still have a temperature above 38°C the following day.
- a child who has not been immunised will be excluded from the Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our *Dealing with Infectious Diseases Policy.*
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health
- families are notified to collect their child if they have vomited or had diarrhoea whilst at the Service.

THE APPROVED PROVIDER OR NOMINATED SUPERVISOR WILL ENSURE

- notification is made to the Regulatory Authorities within 24 hours of any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
 - (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner *or*
 - (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
- any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g.: severe asthma attack, seizure or anaphylaxis)
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring

PARENT/FAMILY RESPONSIBILITY

In order to prevent the spread of disease, families are required to monitor their child's health and not allow them to attend childcare if they have an infectious illness or display symptoms of an illness.

Families ~~are~~ may be asked to obtain a RAT test if their child is symptomatic for COVID-19.

For children who have ongoing medical needs such as asthma or anaphylaxis, parents should regularly review their child's health care action plans to ensure educators and other staff are able to manage their individual needs as required.

Families should implement effective hygiene routines at home such as regular handwashing and sneeze and cough routines (use of tissues, covering their mouth with coughing, sneezing into a tissue or elbow).

Families should notify the Service if their child has been unwell in the past 24 hours or someone in the family is/has been sick. This is particularly critical during a pandemic such as COVID-19.

Signs of illness in young children may include:

- runny, green nasal discharge
- high temperature
- diarrhoea
- red, swollen or discharging eyes (bacterial conjunctivitis)
- vomiting
- rashes (red/purple)
- irritability, unusually tired or lethargic
- drowsiness
- poor circulation
- poor feeding
- poor urine output
- a stiff neck or sensitivity to light
- pain
- mouth sores that cause drooling
- impetigo

Parents should seek medical attention should their child (or other family members) develop symptoms such as:

- high fever and other symptoms such as a stiff neck or light is hurting their eyes, vomiting and refusing to drink much, a rash, more sleepy than usual (The Royal Children's Hospital Melbourne 2021).

- uncontrolled coughing or breathing difficulties.

Families are required to keep up to date with their child's immunisation, providing a copy of the updated AIR Immunisation History Statement to the Service following each immunisation on the National Immunisation Schedule.

RETURNING TO CARE AFTER SURGERY

Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate and safe to return to childcare.

A medical clearance statement will be required to ensure the child is fit and able to return to the Service and participate in daily activities.

POSTERS/RESOURCES

NSW Health. COVID-19 symptoms and testing. (reference re: fever and temperature)

NSW Health [Gastro Pack NSW Health](#)

Queensland Government Time Out Brochure [Why do I need to keep my child at home?](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Sick Children Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Incident, Injury, Trauma or Illness Record
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SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Department of Education *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. (2009).

Australian Government- Department of Health <https://www.health.gov.au/>

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (2011).

Guide to the National Quality Standard. (2020)

National Health and Medical Research Council (NHMRC): <https://www.nhmrc.gov.au/>

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/pages/phus.aspx>
 NSW Health Symptoms and testing COVID-19 <https://www.nsw.gov.au/covid-19/symptoms-and-testing>
 Public Health Act 2010
 Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>
 Revised National Quality Standard. (2018).
 The Royal Childrens Hospital. (2021). [Fever in children by Royal Childrens Hospital](#)
 The Sydney Children’s Hospitals network (2020). <https://www.schn.health.nsw.gov.au/search/site?query=fever>
 Safe Work Australia
 Victoria Department of Education and Training (2020).
<https://www.coronavirus.vic.gov.au/early-childhood-education-and-care>
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	TRACEY DAVEY	FUNTASTIC KIDZ	MAY 2023
POLICY REVIEWED	MAY 2023	NEXT REVIEW DATE	MARCH 2024
VERSION NUMBER	V13.03.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • name change of Control of Infectious Disease Policy to Dealing with Infectious Disease Policy • edits to policy re: COVID self-isolation/testing • amended requirement for children to be excluded from service for 24 hours following any temperature above 38°C without medical certificate. Any exclusion for a fever is a service decision and is NOT mandated. • hyperlinks checked and repaired as required • Continuous improvement and Childcare Centre Desktop resources section added • link to Western Australian Education and Care Services National Regulations added in ‘Sources’ 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MARCH 2022	<ul style="list-style-type: none"> • Policy reviewed as per annual review cycle • Reference to temperature checks for COVID-19 removed • Exclusion of household close contacts COVID-19 added • Notification of COVID-19 to regulatory authority amended • Request for families to undertake RAT self-test if child is symptomatic for COVID-19 	MARCH 2023	
MARCH 2021	<ul style="list-style-type: none"> • policy revised as part of 2021 review schedule • additional regulations added • additional resources added • sources checked- minor edits 	MARCH 2022	

JULY 2020	<ul style="list-style-type: none"> • temperature range to indicate fever changed to 37.5° Celsius or above for screening • temperature screening guidance added to align with COVID-19 recommendations (Victoria DET) • inclusion of posters for display in services re: temperature checks 	JUNE 2021
MAY 2020	<ul style="list-style-type: none"> • Minor changes to include strategies for a COVID-19-safe environment • adjustments to requesting families to produce a medical certificate each time their child has symptoms of an illness (due to COVID-19 infection prevention strategies, this is not always possible to contact GPs for clearance) • influenza vaccination recommendations • children with complex and/or chronic medical conditions are notified in the event of illness in the service 	JUNE 2021
MARCH 2020	<ul style="list-style-type: none"> • Changed position of colds and flu section • Additions to infectious diseases/illnesses • Additions for reporting outbreaks to Public Health • Deletion of use of sponging to reduce fever (Sydney Children’s Hospital recommendation) • Additional section for Approved Provider notification • Exclusion period recommendation resources added • Inclusion of Department of Health information • Additional information for parents and families 	JUNE 2021
JUNE 2019	<ul style="list-style-type: none"> • Some sentences reworded/refined. • Additional information added to points. • Rearranged the order of points for better flow • Sources/references updated, and alphabetised. • Policies added to ‘Related Policies’ • Minor formatting (line spacing & paragraph spacing) for consistency throughout policy. 	JUNE 2020
MAY 2018	<ul style="list-style-type: none"> • Included the ‘Related Policies’ section • Included information from ‘Staying Healthy in Childcare’ about the Chain of Infection. Updated the exclusion period in respect of a vomiting and expanded the ‘Families Responsibilities’ section. 	JUNE 2019

OCTOBER 2017	<ul style="list-style-type: none"> Updated references to comply with the revised National Quality Standard 	JUNE 2018
AUGUST 2017	<ul style="list-style-type: none"> Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. 	JUNE 2018
JUNE 2017	<ul style="list-style-type: none"> Minor changes made to the policy terminology to ensure best practice 	JUNE 2018